

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 895435

FILING DATE

06-30-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6	/					
7		/				
8		/				
9		/				
10		/				
11		10				
12		10				
13	/					
14	/					
15		2				
16	/					
17		/				
18		/				
19		/				
20	/					
21	/					
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24		/				
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35	/					
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		3				
46		3				
47		3				
48		3				
49		3				
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52	/					
53						
54						
55						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	73	↓		↓		↓
TOTAL CLAIMS	83					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS